



**OFFICIAL USE ONLY**

PERMIT ID

NPDES NUMBER

## NOTICE OF COVERAGE RENEWAL

### FOR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) STORM WATER DISCHARGES FROM CONSTRUCTION ACTIVITY

By Authority of R 323.2190 of Act 451, Public Acts of 1994, as amended  
Failure to comply with the terms and provisions of R 323.2190 may result in fines up to \$25,000  
per day and the possibility of imprisonment.

Filing of this Notice of Coverage Renewal with the Michigan Department of Environmental Quality (MDEQ) is required **prior** to any ownership change or revision of the permitted construction activity, change in the Soil Erosion and Sedimentation Control (SESC) plan, or expiration of the SESC permit. Authorization to discharge storm water may be extended (up to five years after original issuance date) by submitting a revised or extended SESC permit to the MDEQ **prior** to the NOC expiration. If the SESC permit number changes, expires, is revoked or terminated, prior to the complete stabilization of the site, a **new** administratively complete NOC and all the requirements, including the fee must be submitted to obtain storm water authorization.

CONSTRUCTION PERMITTEE INFORMATION (Landowner or easement holder)						
LANDOWNER			CONTACT PERSON (FIRST AND LAST NAME)			
STREET			E-MAIL ADDRESS (OPTIONAL FOR FASTER SERVICE)			
CITY	STATE	ZIP	CURRENT NPDES NUMBER ( <u>REQUIRED</u> )			
PROJECT INFORMATION						
PROJECT NAME			STREET			
COUNTY	ACRES OF SITE		ACRES OF DISTURBANCE			
STORM WATER CERTIFIED OPERATOR			CERTIFICATION NUMBER			
SESC PERMITTING ENTITY (PART 91)						

I certify that all provisions of R 323.2190 pursuant to Act 451, Part 31, of 1994, as amended, have been complied with and that all information submitted under the Rule and contained in this Notice of Coverage Renewal is, to the best of my knowledge and belief, true, accurate and complete. I acknowledge that any discharge that is made pursuant to Rule 323.2190 shall be in compliance with Act 451, Part 31, and the rules promulgated thereunder. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment. I certify under penalty of law that I possess full authority on behalf of the legal landowner/permittee to sign and submit this Notice of Coverage.

SIGNATURE ( <u>ORIGINAL SIGNATURE REQUIRED</u> ) X	DATE	TELEPHONE
PRINTED NAME	TITLE	

**MAKE SURE TO INCLUDE A COPY OF THE UPDATED SESC PERMIT AND PLAN (*\*plans only required if revised*).  
TO AVOID LAPSE IN COVERAGE, PLEASE SUBMIT 30 DAYS PRIOR TO NPDES EXPIRATION DATE.**

MAIL OR E-MAIL COMPLETED FORM TO:

E-mail: [PLOEHNK@MICHIGAN.GOV](mailto:PLOEHNK@MICHIGAN.GOV)

KELLY PLOEHN  
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER BUREAU – 2<sup>ND</sup> FLOOR NORTH  
525 WEST ALLEGAN  
PO BOX 30273  
LANSING, MI 48909

IF YOU HAVE ANY QUESTIONS ABOUT THE PREPARATION OF THIS FORM, CALL 517-335-4137.